PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradent Office; U.S. Debatt of U

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/726,121			ing Date 02/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
⊢	FOR				MBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE		N/A		N/A		N/A	122(0)	١	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), SEARCH FEE	or (c))					H			H		
H	(37 CFR 1.16(k), (i),		N/A		N/A		N/A			N/A		
	(37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
(37	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 ional 50 s	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		ı	TOTAL		
APPLICATION AS AMENDED – PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY  OTHER THAN												
AMENDMENT	02/12/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	• 10	Minus	20	= 0	l	x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	• 3	Minus	···3	= 0	ı	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus			l	x \$ =		OR	x s =		
	Independent (37 CFR 1.16(h))	*	Minus	***	:		x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))					]			l			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "rilipse harber Previously Paid For IT NTINS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IT NTINS SPACE is less than 3, enter "20".  "If the "Highest Number Pr												

This collection of information is required by 37 CFR. 1.16. The information is required to obtain or retain a benefit by the public with in is to life (and by the USFTO to process) an application. Confidentiality is ownered by 80 USs. C. 122 and 37 CFR. 1.4. This collection is estimated to take 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandris, VA 22313-1450.